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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

(New nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	1999-0541	Total Pages	57 PTO
First Named Inventor or Application Identifier			
Paul Henry Fuoss et al.			
Express Mail Label No.	EL618316877US		

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:  
Assistant Commissioner for Patents  
Box Patent Application  
Washington, D.C. 20231

<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 39] (preferred arrangement set forth below)</p> <ul style="list-style-type: none"> <li>- Descriptive title of invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings(if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> <p>3. <input checked="" type="checkbox"/> Drawing(s)(35 USC 113) [Total Sheets 10 ]</p> <p>4. Oath or Declaration [Total Pages 5 ]</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application(37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]</li> </ul> <p>i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 163(d)(2) and 1.33(b)</p> <p>5. <input type="checkbox"/> Incorporation by reference(useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</p>	<p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy(identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul>
<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>8. <input type="checkbox"/> Assignment Papers(cover sheet &amp; document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b)Statement <input type="checkbox"/> Power of Attorney</p> <p>10. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>11. <input type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies of IDS Statement(IDS)/PTO-1449 Citations</p> <p>12. <input type="checkbox"/> Preliminary Amendment</p> <p>13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired</p> <p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p> <p>16. <input type="checkbox"/> Other :</p>	

## 17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

 Continuation  Divisional  Continuation-in-part (CIP) of prior Application No:

## 18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)	or <input checked="" type="checkbox"/> Correspondence address below
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NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP., P.O.BOX 4110			
CITY	MIDDLETON	STATE	NEW JERSEY	ZIP CODE 07748-4801
COUNTRY	UNITED STATES	FAX 732-957-5505		

## 19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Samuel H. Dworetzky	Reg. #	27873
TELEPHONE	908-221-5234		
SIGNATURE	Debbie Homefield (Signature of Person Mailing Paper)		

"Express Mail" Mailing Label Number EL618316877US

Date of Deposit 9/12/00

I hereby certify that this Application

Is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington D.C., 20231

(Signature of Person Mailing Paper)

PTO  
09/12/00  
09/65653**FEE TRANSMITTAL**

Patent Fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997

Small Entity payments must be supported by a small entity Statement, otherwise, large entity fees must be paid. See Forms PTO/SB/09-12.

**TOTAL AMOUNT OF PAYMENT** (\$ 990.00)

Complete if Known	
Application Number	130965653
Filing Date	09/12/00
First Named Inventor	Paul Henry Fuoss et al
Examiner Name	
Group/Art Unit	
Attorney Docket No.	1999-0541

**METHOD OF PAYMENT** (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745

Deposit Account Name AT&amp;T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17     Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check     Money Order     Other

**FEE CALCULATION****1. FILING FEE**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	690	Utility Filing Fee	690.00
106	310	Design Filing Fee	
107	480	Plant Filing Fee	
108	690	Reissue Filing Fee	
114	150	Provisional Filing Fee	
<b>SUBTOTAL (1) (\$)</b>			

**2. CLAIMS**

		Extra Claims	Fee from below	Fee Paid
Total Claims	28	-	5 X 18 =	144
20=				
Independent Claims	5	-3	2 X 78 =	156
=				
Multiple Dependent Claims		0	=	0

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	78	Independent Claims in excess of 3
104	260	Multiple Dependent Claims
109	78	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent
<b>SUBTOTAL (2) (\$)</b>		

300.00

**3. ADDITIONAL FEES**

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112	920*	Requesting publication of SIR prior to Examiner action	
113	1840*	Requesting publication of SIR after to Examiner action	
115	110	Extension for reply within first month	
116	400	Extension for reply within second month	
117	950	Extension for reply within third month	
118	1510	Extension for reply within fourth month	
128	2060	Extension for reply within fifth month	
119	310	Notice of Appeal	
120	310	Filing a brief in support of an appeal	
121	270	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive - unavoidable	
141	1320	Petition to revive - unintentional	
142	1320	Utility issue fee (or reissue)	
143	450	Design issue fee	
144	670	Plant issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property(times number of properties)	
146	790	Filing a submission after final rejection(37 CFR 1.129(a))	
149	790	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			
* Reduced by Basic Filing Fee Paid			<b>SUBTOTAL(3)</b>

**SUBMITTED BY**

Typed or Printed Name Samuel H. Divoretsky

Complete (if applicable)

Reg. Number 27873

Signature

Date

9/12/00 Deposit Account User ID

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231